

STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
Owyhee Plaza
1109 Main Street, Suite 220
Boise, Idaho 83702-5642

APPLICATION FOR CREMATORY FACILITY LICENSE

(please type or print)

Name of Crematory _____

Crematory Address _____
street city zip

Crematory Mailing Address _____
street/route/box city zip

Daytime phone (____) _____ Fax (____) _____ E-mail _____

Owner(s) _____
(person, partnership, association, corporation, or other business entity)

Authorized Owner/Agent Name _____

Employer Identification Number _____ or Social Security Number ____/____/____

Funeral Establishment Name _____ License # _____
(Please attach a photocopy of your current license.)

Has a crematory previously existed at this location? ☐ YES ☐ NO
If YES, give previous name _____, License # _____
and owner name _____
(If YES and the license is current, said license must be surrendered and signed by the previous owner.)

Does this application represent a change in location of your crematory? ☐ YES ☐ NO
(If YES, give name _____, License # _____
and former crematory address _____)

AFFIDAVIT

I hereby make application for a Crematory license and enclose the required fee of \$200.
I further certify that the above named crematory meets the licensure requirements as outlined by Idaho Board of Morticians Laws and Rules and shall be subject to all provisions of those Laws and Rules. I further certify that I am familiar with all city, county, and state planning and zoning regulations affecting the facility and location listed above and that I assume all responsibility for their compliance. I further certify that the information recorded hereon is correct to the best of my knowledge and belief. If signing as an authorized agent, I certify that I am authorized to sign this application on behalf of the licensee.

Signature of Owner(s) or Agent(s)

State of Idaho, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
residing at _____
my commission expires _____

INSTRUCTIONS

Your application for a Crematory Facility License must include a description of the structure in which the crematory is located, number of retorts, & equipment listing which includes: a. Detailed information regarding the retort(s) specifically documenting that the retort(s) and accompanying equipment is listed by an approved testing agency as listed in the Uniform Fire Code; b. One (1) set of blueprints for the proposed new construction or remodeling where the retort is to be located. The blueprints must be approved by the local building department as being in compliance with applicable building codes and ordinances; and c.

200. MINIMUM STANDARDS

01. Reasonable Sanitation and Safety Required. In the interest of the protection of the public welfare, no license will be issued on an application to operate a crematory unless it is apparent that the crematory can, and will, be operated in a reasonably sanitary and safe manner, free from substantial annoyance to the public.

02. Reduction of Ashes. No crematory will be licensed or operated unless it is efficiently capable of reducing dead human bodies to ashes containing not more than five percent (5%) of the weight of the body immediately after death.

03. Delay Before Cremation. No dead human body, regardless of cause of death, is to be cremated, nor is actual cremation of such a body to be commenced, unless the county coroner in the county in which the death occurred gives his written authorization to cremate the body.

04. Embalming. If a dead human body is to be held by the crematory longer than twenty-four (24) hours prior to cremation, the body must be either embalmed or refrigerated at thirty-six degrees Fahrenheit (36F) or less until cremated. No body can be held longer than fourteen (14) days after death prior to cremation unless there is a written request from the next-of-kin for holding the body.

250. RECEIPT FOR BODIES TO BE CREMATED

The following must be performed by the operator of a crematory upon receipt of a human body for cremation: 01. A receipt must be delivered to the licensed mortician or funeral director, his agent, or another person who delivers such body to the crematory. 02. The receipt must show: a. The name of the decedent whose body was received; b. The date on which that body was received; c. The place where that body was received; d. The name and address of the funeral establishment from whom that body was received; and e. The name and address of the person, or the names and addresses of the persons, if more than one (1), who actually deliver the body.

300. RECORDS OF CREMATION OF BODIES

01. Each crematory must maintain a record of each cremation of human remains, disclosing: a. The name of the decedent whose body was cremated; b. The name and address of the person, or names and addresses of the persons, if more than one (1), authorizing the cremation of that body as received by the crematory or its representative; c. The date upon which that body was received by the crematory; d. The place where that body was received; e. A statement as to whether or not the body was embalmed; f. The date of the cremation of that body; and g. The subsequent disposal of the cremated remains of that body by the crematory.

02. Such record must be made as soon as reasonably possible after the cremation and must be dated and signed by the owner and operator of the crematory and by the licensed mortician who supervised or was otherwise directly responsible for the cremation.

03. Such records must be maintained at the crematory and open for inspection at any reasonable time by the Board or its designated representatives.